	CONFINEMENT O	RDER		
1 DEDSON TO BE CONFINED		T	2. DATE (YYYYMMDD)	
1. PERSON TO BE CONFINED			2. DATE (11	ן טטוויוויון
a. NAME (Last, First, Middle)	b. SSN			
c. BRANCH OF SERVICE d. GRADE	e. MILITARY ORG	GANIZATION (From):		
TYPE OF CONFINEMENT				
a. PRE-TRIAL NO YES	b. RES	SULT OF NJP	NO ,	/ES
c. RESULT OF COURT MARTIAL: NO YES				
TYPE: SCM SPCM GCM VACATED SUSPENSION				
4. OFFENSES/CHARGES OF UCMJ ARTICLES VIOLATED:				
5. SENTENCE ADJUDGED:			b.	ADJUDGED DATE
S. SENTENSE ABSODGED.				(YYYYMMDD):
6. IF THE SENTENCE IS DEFERRED, THE DATE DEFERMENT IS TERMINATED:				
7. PERSON DIRECTING CONFINEMENT				
a. TYPED NAME, GRADE AND TITLE:	b. SIGNATURE		c. DATE	d. TIME
			(YYYYM	
9 2 NAME CDADE TITLE OF LEGAL DEVIEW	AND ADDOMAL h	SIGNATURE:		c. DATE
8.a. NAME, GRADE, TITLE OF LEGAL REVIEW AND APPROVAL b. SIGNATURE: c. DATE (YYYYMMDD)				
MEDICAL CERTIFICATE				
9a. The above named inmate was examined by me at on and found to be Fit Unfit				
(Time) (YYYYMMDD)				
for confinement. I certify that from this examination the execution of the foregoing sentence to confinement				
will will not produce serious injury to the inmate's health.				
b. The following irregularities were noted during the examination (If none as etate).				
b. The following irregularities were noted during the examination (If none, so state):				
a LIN/ Test administered on (((()()()()()()()()()()()()()()()()()(				
c. HIV Test administered on (YYYYMMDD	):			
d Drognancy tost administered on WWW	(141400).	7 N/A		
d. Pregnancy test administered on (YYYY	iviiviDD):	N/A		
10. EXAMINER				
a. TYPED NAME, GRADE AND TITLE:	b. SIGNATURE	c. DAT	E YYMMDD)	d. TIME
		(,,	1 110110100)	
RECEIPT FOR INMATE				
11.a. THE INMATE NAMED ABOVE HAS BEEN RECEIVED FOR CONFINEMENT AT:				
ON AND TIME: (Facility Name and Location)				
(YYYYMMDD) (Time)				
b. PERSON RECEIPTING FOR INMATE	c. SIGNATURE:	d. DAT		e. TIME
TYPED NAME, GRADE AND TITLE:		(YY	YYMMDD)	